

## Application Data Sheet

### Application Information

Application number::  
Filing Date:: 03/08/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: INTRAVENOUS EQUIPMENT HANGERS  
Attorney Docket Number:: 006087.00015  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 6  
Small Entity?:: YES  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Wayne  
Middle Name:: J.  
Family Name:: Breda  
Name Suffix::  
City of Residence:: Clarendon Hills  
State or Province of Residence:: Illinois  
Country of Residence:: USA  
Street of mailing address:: 5 Tuttle Avenue  
  
City of mailing address:: Clarendon Hills  
State or Province of mailing address:: Illinois  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 60514

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Bradley  
Middle Name::  
Family Name:: Piper  
Name Suffix::  
City of Residence:: Gold Canyon  
State or Province of Residence:: Arizona  
Country of Residence:: USA  
Street of mailing address:: 5202 S. Red Yucca Lane  
  
City of mailing address:: Gold Canyon

State or Province of mailing address:: Arizona  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 85218

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part of	09/238,950	01/27/99


## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name:: Health Science Technology, LLC  
 Street of mailing address:: 6563 Old Hunters Run  
 City of mailing address:: Rockford  
 State or Province of mailing address:: Illinois  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 61114